



Medical Licensing Board of Indiana
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2060
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Medical Fellowship Permit Renewal

Your medical fellowship permit in the state of Indiana is expired. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$100.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date 6/30/2014	Renewal Fee \$100.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending in any state (including Indiana)?			YES NO
2. Since you last renewed, have you been disciplined or terminated by your residency program or been suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?			YES NO
3. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?			YES NO
4. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
5. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov for additional information regarding your licensure or email the Board at pla3@pla.in.gov with any questions.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, Executive Director



FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date